DOCUMENT RESUME

ED 136 137 CG 011 175

AUTHOR Billingsley, Donna
TITLE Sex-Role Stereotypes and Clinical Judgements: Negative Bias in Psychotherapy.
PUB DATE [75]
NOTE 11p.

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Bias; *Counselor Acceptance; *Counselor Attitudes; *Females; Interpersonal Relationship; Psychotherapy; Research Projects; Sex Differences; *Sex Stereotypes

ABSTRACT

Sixty-four volunteer male and female psychotherapists from various disciplines with 5.83 average years experience and case loads of 17.88 hours per week were studied with the aid of a questionnaire to rate possible bias toward women counselees. Cultural expectations are examined along with response bias. The study found that personal agreement had a significant impact upon one group's differential perception of male and female role stereotypes. The finding that therapists differ in their conceptualization of sex-role stereotypes has theoretical, methodological and practical implications. (Author/CKJ)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED136137

Sex-Role Stereotypes and Clinical Judgments: Negative Bias in Psychotherapy[1]

Donna Billingsley
Georgia State University

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

In recent years, bias against female psychotherapy clients has been of concern to many clinicians. In a highly influential article, Broverman, Broverman, Clarkson, Rosenkrantz and Vogel (1970) reported that psychotherapists held a strong negative bias against women. The authors suggested that this bias was possibly a reflection of a larger cultural bias against women. It was noted that clinicians may be adopting the attitude that in order to be healthy, an individual must be able to adjust to a "biased" environment. This interpretation implies that therapists' own personal agreement or disagreement with sex-role stereotypes does not influence their judgments of mental health in males and females. The purpose of this paper is to qualify that interpretation, as well as to present data suggesting how therapist approach the conceptual task of judging males and females.

Method

Sixty-four volunteer practicing male and female psychotherapists drawn from psychiatry, clinical psychology, psychiatric social work and related therapeutic disciplines served as participants. As a group, they were experienced and actively involved in psychotherapeutic practice. For example, they averaged 5.83 years of experience in the practice of psychotherapy and spent an average of 17.88 hours per week in direct clinical service.

Therapists were asked to respond to the 82 items of the short form of the Stereotype Questionnaire as they believed "most people" would.

CG011175

This request was intended to assess therapists' perception of what cultural expectations are for the typical adult male and the typical female. Therapists were then asked to indicate the extend to which they agreed with cultural expectations for males and for females. These agreement measures were two 60 point dimensions, with higher numbers indicating stronger agreement.

The return rate on the questionnaire was 98.44%. An alternate participant of similar background replaced the one therapist who did not return a completed questionnaire.

Each participant's responses were scored according to Broverman's[2] method for correcting response bias. Each score was then transformed into a mean male-female difference score (Delk & Ryan, 1975). As higher numbers indicate a more positive rating, larger difference scores indicate that males were viewed more positively than females.

To examine whether or not therpists' personal agreement with sex-role stereotypes influenced stereotypic difference scores, therapists were divided into groups based on their mean male and female agreement scores. Using distances of one standard deviation in responding, three groups of therapists were classified as moderate disagreers, slight disagreers and slight agreers. An additional group, treated separately because of the group's use of the zero point on the continua, was classified as the strong disagreers. The skewedness of the labels, which are based on the dimensions presented within the questionnaire, may be a function of the current non-acceptability for the agreement end of the continua.

Results

Prior to the major analysis, an analysis of variance using therpist sex as a factor was computed. As expected, and as Broverman, et al.

(1970) reported, therpist sex was not a significant variable. The data were collapsed across this factor.

A one-way, unequal N analysis of variance was computed on the difference scores, with therapists subdivided into four groups based on mean agreement levels. Groups are number I through IV, with lower roman numberals indicating that the groups more strongly disagreed with sex-role stereotypes. With a brief glance at Table 1, it would seem that for Groups I, II and III, the mean difference score increased as agreement with stereotypes increased. This would have indicated that as personal agreement with stereotypes increased, females were viewed more negatively than males.

Insert Table 1 about here

However, Neumann-Keuls test for multiple comparisons showed that the source of significant differences was between Group III, the slight disagreers, and all other groups. Group III, in contrast to the other groups, conceived of most people as expecting significantly less socially desirable behavior from women as compared to men.

An additional analysis is relevant before discussing the implication of the group differences cited above. When a signal detection approach (Green & Swets, 1966) is applied to therapists' choices of stereotypic items, it is possible to speculate that therapists differ in their conceptualization of sex-role stereotypes. Further, the choice of conceptualization may be dependent upon one's level of agreement with stereotypes. Finally, one conceptualization may result in bias against women, whereas, three other conceptualizations may result in a relatively non-biased perception of females as compared to males.

Table 2 lists the mean sensitivity (d') and criterion level (β) measures for the four groups. Both d' and β were computed with a correction for zero divisors, resulting in lower scores than would have otherwise been obtained. All groups differed significantly on both sensitivity

---

Insert Table 2 about here

---

and criterion level with one exception. Groups II and IV differ only on criterion, without differing significantly from each other in sensitivity.

Group I's style was characterized by a high accuracy for predicting true stereotypic items and by overinclusion of items which are not consensually agreed upon as stereotypic. However, this group strongly disagreed with this perception and gave a non-biased difference score in comparison to Group III. Group II's style, which did not result in a bias against women, consisted of a low accuracy for predicting true stereotypic items combined with a slight tendency to overinclude irrelevant items, and a moderate tendency to disagree with that assessment. Group IV's style, which also produced a non-significant difference score, consisted of a low accuracy for true stereotypic items, a high cautiousness for including irrelevant items as stereotypic, but a tendency to agree with the items s/he had chosen to include as consesually stereotypic.

The last style, typical of the biased Group III, consisted of a moderate sensitivity for true items, a moderate tendency to overinclude irrelevant items, and a slight tendency to disagree with the items chosen. In other words, the only groups which showed a bias against women as a function of personal agreement with stereotypes was the group which was moderately sensitive and moderately cautious about the number of items they believed to be stereotypic.

Discussion

The finding that personal agreement had a significant impact upon one group's differential perception of male and female role stereotypes does qualify Broverman et al.'s (1970) adjustment explanation. For one group, the slight disagreers, a more negative perception of women as compared to men was a significant function of this group's level of agreement with sex-role stereotypes.

The finding that therapists differ in their conceptualization of, as well as in their agreement with, sex-role stereotypes has important theoretical, methodological and practical implications. Theoretically, the finding suggests that there are several ways to conceptualize males and females. While three of these approaches are quite distinct from each other, they do not result in a differential judgment of males and females which can be considered biasing. Only one of the four discerned approaches does result in bias.

Methodologically, the usefulness of signal detection analysis for describing clinical judgment is demonstrated in this study. The method provides a computational procedure for estimating aspects of therapists' judgment while accounting for the "base rate" problem which has concerned psychotherapy researchers for many years.

The results of the signal detection analysis implying that there is a "middle-of-the-road" practitioner who differentially judges men and women also has practical implications. For example, if a female client is concerned about therapists' bias against women, and she is trying to choose a therapist, then the signal detection results suggest that she might be more cautious about the large group of "nearly enlightened" than she

would be about the over-involved, the insensitive or maybe even the admittedly bigotted. The signal detection analysis also suggests that we, as psychotherapists, could profit from examining our perception of stereotypic items, as separate from our agreement with those items, as a method of coming to a more useful and change-oriented understanding of our conceptualization of sex-role stereotypes.

Before accepting the above interpretations as accurate, it is necessary to append three qualifications. First, the signal detection results need to be considered speculative, until such time as replication and appropriate extension can be accomplished. Second, Group III, as well as the other three groups, was composed of a relatively equal number of male and female therapist. In addition, there was no significant effect for therapist sex. Thus, an interpretation of exclusively male therapist bias would be inaccurate. Third, that therapist judge females more negatively than males does not automatically prove that therapist treat females in a biased manner therapeutically; a point which is often overlooked in the heated arguments on bias against women (Billingsley, in press).

Even with the above qualifications, the relatively large numbers of both male and female therapists in Group III who are moderately sensitive to stereotypes but biased against women warrants concern. The finding of bias in this one group supports the belief of avowedly feminist groups that we, as psychotherapists, may not have sufficient awareness of our concepts and use of sex-role stereotypes; nor have our education efforts been as successful as they need to be to eliminate bias against women.

Table 1

Therapists' Mean Difference Score by Group

	Agreement Level			
	I	II	III	IV
Mean difference score	2.61	3.34	4.85	2.81
N	(10)	(14)	(28)	(12)

F (3,60) = 3.08 $p <$ .04

Table 2

Therapists' Mean Sensitivity and Criterion Score by Group

	Agreement Level			
	I	II	III	IV
Mean Sensitivity	1.41	0.92	1.13	0.83
Mean criterion	0.16	0.44	0.34	0.83
N	(10)	(14)	(28)	(12)

$p < .005$ on significant differences (see text).

References

Billingsley, D. Bias in psychotherapy: An examination of the effects of client sex, client pathology and therapist sex on treatment planning. Journal of Consulting and Clinical Psychology, in press.

Broverman, I. K., Broverman, D. M., Clarkson, F., Rosenkrantz, P. S., & Vogel, S. R. Sex-role stereotypes and clinical judgments of mental health. Journal of Consulting and Clinical Psychology, 1970, 34, 1-17.

Delk, J. L. & Ryan, T. T. Sex-role stereotyping and A-B therapist status: Who is more chauvinistic? Journal of Consulting and Clinical Psychology, 1975, 43, 589.

Green, D. M. & Swets, J. A. Signal detection theory and psychophysics. New York: John Wiley, 1966.

Footnotes

1. Portions of this paper were presented at the American Psychological Association Convention, Washington, D. C., 1976. I would like to acknowledge the following individual for their aid in the signal detection analysis: Raymond A. Dittrichs, Nellie K. Laughlin, Thomas R. McCanne and Maynard Stewart.
2. Broverman, I. K. Personal communication, November 19, 1974.